

EAST LAKE CARE CENTER  
1001 NORTH 500 WEST  
PROVO UT 84601  
STATE'S REGION CODE: 001

PROVIDER #: 465119  
PHONE NUMBER: (801) 377-9661  
PARTICIPATION DATE: 11/07/1988 CERTIFIED: 223

TYPE ACTION: RECERTIFICATION  
TOTAL: 223  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/25/2005

TOTAL: 103  
MEDICARE: 8  
MEDICAID: 87  
OTHER: 8

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 223

18 18/19 19 ICF/MR  
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34 189

CURRENT SURVEY REVISIT DATES - 10/25/2005

PRIOR 3 SURVEY 10/2002	S/S CODE	PRIOR 2 SURVEY 12/2003	S/S CODE	PRIOR 1 SURVEY 02/2005	S/S CODE	CURRENT SURVEY 08/25/2005	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	E	X	G				REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	G	X C	G	10/21/2005	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
				X	H				REQ F0224-FACILITY PROHIBITS ABUSE, NEGLECT
				X	G				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
				X	E	X C	E	10/21/2005	REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
X	D	X	D	X	E				REQ F0241-DIGNITY
X	D								REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
		X	D						REQ F0250-MEDICALLY RELATED SOCIAL SERVICES
				X	E				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	D	X	E						REQ F0272-COMPREHENSIVE ASSESSMENTS
				X	B	X C	D	10/21/2005	REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
				X	D	X C	E	10/21/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	D	X	D	X	D	X C	E	10/21/2005	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	D								REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	D	X	D	X	E	X C	D	10/21/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	D	X	D						REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
		X	G						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	E			X	G	X P	G	10/21/2005	REQ F0322-PROPER CARE & SERVICES FOR RES W/ NG TUBE
		X	G			X C	G	10/21/2005	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	E			X C	G	10/21/2005	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	E						REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
				X	B				REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	D	X	E	X	F				REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
				X	D				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
						X C	D	10/21/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X P	D	10/21/2005	REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
X	D			X	E				REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
				X	B				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	B						REQ F0429-PHARMACIST REPORTS IRREGULARITIES
				X	H				REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
									REQ F0445-HANDLE LINENS TO PREVENT SPREAD OF INFECTION
X	D			X					REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	D								REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
		X	D						REQ F0494-NURSE AIDE TRAINING/COMPETENCY
				X	E	X C	E	10/21/2005	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
				X	D	X C	E	10/21/2005	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
									REQ F0505-PHYSICIAN PROMPTLY NOTIFIED OF LAB RESULTS
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
									REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

EDITION OF LSC APPLIED

85 NEW 2000 EXIS2000 EXIS2000 EXIS  
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT  
SURVEY SURVEY SURVEY SURVEY  
10/2002 12/2003 02/2005 09/07/2005

PLAN/DATE  
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

X			X P	09/26/2005	K0011-COMMON WALL
X	X	X			K0012-CONSTRUCTION TYPE
	X	X			K0015-INTERIOR FINISH - ROOMS
X					K0018-CORRIDOR DOORS
	X				K0025-SMOKE PARTITION CONSTRUCTION
		X	X P	09/16/2005	K0027-DOORS IN SMOKE PARTITIONS
			X P	11/28/2005	K0029-HAZARDOUS AREAS - SEPARATION
		X	X P	11/24/2005	K0038-EXIT ACCESS
X	X				K0046-EMERGENCY LIGHTING
					K0047-EXIT SIGNS

K0050-FIRE DRILLS  
K0051-FIRE ALARM SYSTEM  
K0052-TESTING OF FIRE ALARM  
K0054-SMOKE DETECTOR MAINTENANCE  
K0056-AUTOMATIC SPRINKLER SYSTEM  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0066-SMOKING REGULATIONS  
K0067-VENTILATING EQUIPMENT  
K0069-COOKING EQUIPMENT  
K0076-MEDICAL GAS SYSTEM  
K0130-OTHER

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COP = CONDITION    REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	13	19	14	12
HEALTH TOTAL	13	19	14	12
LIFE SAFETY CODE	6	8	10	7
LIFE SAFETY CODE + HEALTH	19	27	24	19

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
10/21/2004	UNSUBSTANTIATED
11/04/2004	SUBSTANTIATED
02/23/2005	SUBSTANTIATED
06/13/2005	SUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY